

R430-90-16, R430-50-16. INFECTION CONTROL.

Licensed Family 90-16, and Residential Certificate 50-16:

- (1) All providers and volunteers shall wash their hands with soap and running water at the following times:
- (a) before handling or preparing food or bottles;
 - (b) before and after eating meals and snacks or feeding a child;
 - (c) after diapering each child;
 - (d) after using the toilet or helping a child use the toilet;
 - (e) after coming into contact with any body fluid, including breast milk;
 - (f) after playing with or handling animals;
 - (g) when coming in from outdoors; and
 - (h) before administering medication.

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care programs. In programs that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care program's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024

Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020

Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:

- *in human waste (urine, stool)*
- *in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)*
- *through cuts or skin sores*
- *by direct skin-to-skin contact*
- *by touching an object that has germs on it*
- *in drops of water that travel through the air, such as those produced by sneezing or coughing.*

CFOC, pgs. 97-98 Standard 3.020

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, pgs. 97-98 Standard 3.020

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.

Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily

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contaminated with pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, pgs. 98-99 Standard 3.021

Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, pgs. 98-99 Standard 3.021

Enforcement

Caregivers may use hand sanitizer after wiping children's noses.

If a caregiver does not wash his/her hands before administering medication, cite R430-90-17(6)(a) or R430-50-17(6)(a), not this rule.

If a caregiver does not wash his/her hands after a diaper change, cite R430-90-23(5) or R430-50-23(5), not this rule.

Level 2D Noncompliance: If handwashing does not take place after a caregiver uses the toilet.

Level 3D Noncompliance otherwise.

Licensed Family 90-16:

- (2) The licensee shall ensure that each child washes his or her hands with soap and running water at the following times:
- (a) before and after eating meals and snacks;
 - (b) after using the toilet;
 - (c) after coming into contact with any body fluid;
 - (d) after playing with animals; and
 - (e) when coming in from outdoors.

Residential Certificate 50-16:

- (2) The certificate holder shall ensure that each child washes his or her hands with soap and running water at the following times:
- (a) before and after eating meals and snacks;
 - (b) after using the toilet;
 - (c) after coming into contact with any body fluid;
 - (d) after playing with animals; and
 - (e) when coming in from outdoors.

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care programs. In programs that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024

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Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020

Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:

- in human waste (urine, stool)*
 - in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)*
 - through cuts or skin sores*
 - by direct skin-to-skin contact*
 - by touching an object that has germs on it*
 - in drops of water that travel through the air, such as those produced by sneezing or coughing.*
- CFOC, pgs. 97-98 Standard 3.020*

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, pgs. 97-98 Standard 3.020

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.

*Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with *Pseudomonas* and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, pgs. 98-99 Standard 3.021*

Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, pgs. 98-99 Standard 3.021

Enforcement

Level 2D Noncompliance: If handwashing does not take place after a child uses the toilet.

Level 3D Noncompliance otherwise.

Licensed Family 90-16, and Residential Certificate 50-16:

- (3) During outdoor play time, the requirements of Subsections (1) and (2) may be met by having each provider, volunteer, and child clean his or her hands with individual disposable wet wipes and hand sanitizer.**

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have

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contributed to many outbreaks of diarrhea among children and caregivers in child care programs. In programs that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024

Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020

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Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, pgs. 97-98 Standard 3.020

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.

*Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with *Pseudomonas* and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, pgs. 98-99 Standard 3.021*

Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, pgs. 98-99 Standard 3.021

Licensed Family 90-16:

- (4) Only single-use paper towels or individually labeled cloth towels shall be used to dry a child's hands. If cloth towels are used, they shall not be shared by children, providers, or volunteers, and a provider shall wash the towels daily.**

Rationale / Explanation

Shared hand drying towels can transmit infectious disease. Preventing shared use of individual towels assigned to a single child is difficult. CFOC, pgs. 98-99 Standard 3.021

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Enforcement

Always Level 3D Noncompliance.

Licensed Family 90-16:

- (5) The licensee shall ensure that toilet paper is accessible to each child, and that it is kept in a dispenser.

Residential Certificate 50-16:

- (4) The certificate holder shall ensure that toilet paper is accessible to each child, and that it is kept in a dispenser.

Rationale / Explanation

The purpose of this rule to prevent the spread of disease through fecal matter. If toilet paper is not on a dispenser, children pick it up with hands that may be contaminated with fecal matter, which remains on the roll and is transferred to the next child when he or she picks the roll up. CFOC, pgs. 227-228 Standard 5.096

Enforcement

Always Level 3D Noncompliance.

Licensed Family 90-16:

- (6) The licensee shall ensure that children are taught proper hand washing techniques, and shall oversee hand washing whenever possible.

Residential Certificate 50-16:

- (5) The certificate holder shall ensure that children are taught proper hand washing techniques, and shall oversee hand washing whenever possible.

Rationale / Explanation

Children need to be taught effective handwashing procedures, and helped to use them in actual practice. This will help to ensure that proper handwashing takes place at needed times. For more information on the importance of proper handwashing, see numbers (1) and (2) above. CFOC, pgs. 99-100 Standards 3.022, 3.023

Enforcement

Always Level 3D Noncompliance.

Licensed Family 90-16:

- (7) Personal hygiene items such as toothbrushes, or combs and hair accessories that are not sanitized between each use, shall not be shared by children or used by a provider on more than one child. Each child's items shall be stored so that they do not touch another child's items.

Residential Certificate 50-15:

- (6) Personal hygiene items such as toothbrushes, or combs and hair accessories that are not sanitized between each use, shall not be shared by children or used by a provider on more than one child. Each child's items shall be stored so that they do not touch another child's items.

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Rationale / Explanation

Respiratory, gastrointestinal, and skin infections such as lice, scabies, and ringworm, are among the most common infectious diseases in child care. These diseases are transmitted by direct skin-to-skin contact and by sharing personal items such as combs, brushes, towels, clothing, and bedding. Toothbrushes are contaminated with infectious agents from the mouth and must not be allowed to serve as a conduit of infection from one child to another. CFOC, pgs. 226-227 Standards 5.094, 5.095

Enforcement

Personal hygiene items include make-up.

Always Level 3D Noncompliance.

Licensed Family 90-16:

- (8) The licensee shall ensure that all washable toys and materials are cleaned and sanitized after each 5 days of use, or more often if needed.

Residential Certificate 50-16:

- (7) The certificate holder shall ensure that all washable toys and materials are cleaned and sanitized after each 5 days of use, or more often if needed.

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can wash and sanitize the surfaces. CFOC, pgs. 108-109 Standard 3.036; pgs. 104-105 Standard 3.028

Enforcement

This rule should be cited if toys or materials are visibly dirty during an inspection, or if the provider indicates they do not clean and sanitize all washable toys and materials after each 5 days of use.

Always Level 3D Noncompliance.

Licensed Family 90-16:

- (9) Stuffed animals, cloth dolls, and dress-up clothes must be machine washable. Pillows must be machine washable, or have removable covers that are machine washable. The licensee shall ensure that all stuffed animals, cloth dolls, dress-up clothes, and pillows or covers are washed after each 5 days of use, or more often if needed.

Residential Certificate 50-15:

- (8) Stuffed animals, cloth dolls, and dress-up clothes must be machine washable. Pillows must be machine washable, or have removable covers that are machine washable. The certificate holder shall ensure that all stuffed animals, cloth dolls, dress-up clothes, and pillows or covers are washed after each 5 days of use, or more often if needed.

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Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. CFOC, pgs. 108-109 Standard 3.036; pgs. 104-105 Standard 3.028

Many allergic children have allergies to dust mites, which are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Dust mites live in fabric, but can be killed by frequent washing and drying in a heated dryer. CFOC, pgs. 107-108 Standard 3.034

Lice, scabies, and ringworm can also be spread through fabrics. CFOC, pg. 110 Standard 3.039; pgs. 226-227 Standard 5.094

Enforcement

This rule should be cited if these items are visibly dirty during an inspection, or if the provider indicates they do not wash them after each 5 days of use.

For Licensed Family if napping pillow covers are not washed, cite 90-18(3)(b)-(c), not this rule.

Level 2D Noncompliance if an item is visibly dirty with feces.

Level 3D Noncompliance otherwise.

Licensed Family 90-16:

- (10) If a water play table or tub is used, the licensee shall ensure that the table or tub is washed and sanitized daily, and that each child washes his or her hands prior to engaging in the activity.**

Residential Certificate 50-16:

- (9) If a water play table or tub is used, the certificate holder shall ensure that the table or tub is washed and sanitized daily, and that each child washes his or her hands prior to engaging in the activity.**

Rationale / Explanation

The purpose of this rule is to avoid the spread of disease as multiple children's hands play in the water in water tables. Contamination of hands, toys, and equipment in the room where water play tables are located plays a role in the transmission of disease in child care settings. CFOC, pgs. 224-225 Standard 5.091

Enforcement

Always Level 3D Noncompliance.

Licensed Family 90-16:

- (11) All providers who provide care an average of 10 hours or more each week shall be tested for tuberculosis (TB) using a testing method and follow-up that is acceptable to the Department. Testing shall take place prior to licensure, and for each substitute or caregiver within two weeks of assuming duties.**

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Residential Certificate 50-16:

- (10) All providers who provide care an average of 10 hours or more each week shall be tested for tuberculosis (TB) using a testing method and follow-up that is acceptable to the Department. Testing shall take place prior to certification, and for each substitute within two weeks of assuming duties.

Rationale / Explanation

Tuberculosis (TB) is a serious, contagious disease that can be spread from human-to-human long before the infected person realizes that they are infectious. There has been a dramatic rise in the incidence of TB in recent years, due to factors such as increased immigration from countries with high rates of TB, increases in foreign travel (which increases exposure), and an increased number of individuals who suffer from immune deficiency disorders which make them particularly susceptible to acquiring and spreading TB.

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard 6.014; pgs. 36-37 Standard 1.045

Enforcement

The Bureau will accept proof of a negative TB test conducted prior to employment, if the person has not traveled outside of the United States or worked with a homeless population since the test was done.

If a person has a positive skin test, but subsequent x-rays show no TB, the Bureau will accept documentation of the clear x-rays as a negative TB test.

Always Level 2D Noncompliance.

Licensed Family 90-16:

- (12) If the TB test is positive, the person shall provide documentation from a health care provider detailing:
- (a) the reason for the positive reaction;
 - (b) whether the person is contagious; and
 - (c) if needed, how the person is being treated.

Residential Certificate 50-16:

- (11) If the TB test is positive, the person shall provide documentation from a health care provider detailing:
- (a) the reason for the positive reaction;
 - (b) whether the person is contagious; and
 - (c) if needed, how the person is being treated.

Rationale / Explanation

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard 6.014; pgs. 36-37 Standard 1.045

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Enforcement

Always Level 2D Noncompliance.

Licensed Family 90-16:

(13) Persons with contagious TB shall not work with, assist with, or be present with any child in care.

Residential Certificate 50-16:

(12) Persons with contagious TB shall not work with, assist with, or be present with any child in care.

Rationale / Explanation

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard6.014; pgs. 36-37 Standard 1.045

Enforcement

Always Level 2B Noncompliance.

Licensed Family 90-16:

(14) An individual having a medical condition which contra-indicates a TB test must provide documentation from a health care provider indicating the individual is exempt from testing, with an associated time frame if applicable. The licensee shall maintain this documentation in the individual's file.

Residential Certificate 50-16:

(13) An individual having a medical condition which contra-indicates a TB test must provide documentation from a health care provider indicating the individual is exempt from testing, with an associated time frame, if applicable. The certificate holder shall maintain this documentation in the individual's file.

Rationale / Explanation

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. CFOC, pgs. 291 -292 Standard6.014; pgs. 36-37 Standard 1.045

Enforcement

Always Level 2D Noncompliance.

Licensed Family 90-16:

(15) A provider shall promptly change a child's clothing if the child has a toileting accident.

Residential Certificate 50-16:

(14) A provider shall promptly change a child's clothing if the child has a toileting accident.

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Rationale / Explanation

Containing and minimizing the handling of soiled clothing so it does not contaminate other surfaces is essential to prevent the spread of infectious disease. Soiled clothing can spread infectious disease agents as children play, walk around, or sit in classroom areas wearing wet or soiled clothing. Children can also get a skin rash from being in wet or soiled clothing too long. CFOC, pg. 96 Standard 3.018

This rule is also intended to minimize the embarrassment of children who have toileting accidents.

Enforcement

Being changed promptly means that as soon as the caregiver is aware that a child has had a toileting accident:

- the child is changed immediately if spare clothing is available.*
- if no spare clothing is available, the child's parent is called and asked to bring spare clothing.*
- if no spare clothing is available, the child is separated from other children until their parent can bring spare clothing.*

Always Level 3B Noncompliance.

Licensed Family 90-16:

- (16) If a child's clothing is wet or soiled from any body fluid, the licensee shall ensure that:**
- (a) the clothing is washed and dried; or**
 - (b) the clothing is placed in a leakproof container, labeled with the child's name, and returned to the parent.**

Residential Certificate 50-16:

- (15) If a child's clothing is wet or soiled from any body fluid, the certificate holder shall ensure that:**
- (a) the clothing is washed and dried; or**
 - (b) the clothing is placed in a leakproof container, labeled with the child's name, and returned to the parent.**

Rationale / Explanation

Containing and minimizing the handling of soiled clothing so it does not contaminate other surfaces is essential to prevent the spread of infectious disease. Rinsing soiled clothing or putting stool into a toilet in the child care center increases the likelihood that other surfaces will be contaminated. CFOC, pg. 96 Standard 3.018

Enforcement

Plastic grocery bags may be used for wet or soiled clothing, but only if they don't have holes in the bottom or sides. Grocery bags with holes in the bottom or sides cannot be used, because they are not leakproof. If a bag without holes still leaks when holding wet or soiled clothes, that type of bag cannot be used.

Always Level 3D Noncompliance.

Licensed Family 90-16:

- (17) If a child uses a potty chair, the licensee shall ensure that it is cleaned and sanitized after each use.**

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Residential Certificate 50-16:

- (16) If a child uses a potty chair, the certificate holder shall ensure that it is cleaned and sanitized after each use.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease through fecal matter or the growth of disease-causing microorganisms in urine or stool that sit in potty chairs over time. It is also necessary in order to prevent naturally curious toddlers from playing in urine or feces that may be in potty chairs after they are used. CFOC, pg. 105 Standard 3.029

Because of the difficulties in the sanitary handling of potty chairs, the American Academy of Pediatrics and the American Public Health Association recommend that they not be used.

Enforcement

Level 2D Noncompliance if there are visible feces left on the potty chair.

Level 3D Noncompliance otherwise.

Licensed Family 90-16:

- (18) Except for diaper changes, which are covered in Section R430-90-23, and children's clothing that is soiled from a toileting accident, which is covered in Subsection R430-90-16(16), the licensee shall ensure that the following precautions are taken when cleaning up blood, urine, feces, vomit, and breast milk.
- (a) The person cleaning up the substance shall wear waterproof gloves;
 - (b) the surface shall be cleaned using a detergent solution;
 - (c) the surface shall be rinsed with clean water;
 - (d) the surface shall be sanitized;
 - (e) if disposable materials such as paper towels or other absorbent materials are used to clean up the body fluid, they shall be disposed of in a leakproof plastic bag;
 - (f) if non-disposable materials, such as a cleaning cloth, mop, or re-usable rubber gloves are used to clean up the body fluid, they shall be washed and sanitized before reuse; and
 - (g) the person cleaning up the fluid shall wash his or her hands after cleaning up the body fluid.

Residential Certificate 50-16:

- (17) Except for diaper changes, which are covered in Section R430-50-23, and children's clothing that is soiled from a toileting accident, which is covered in Subsection R430-50-16(15), the certificate holder shall ensure that the following precautions are taken when cleaning up blood, urine, feces, vomit, and breast milk.
- (a) The person cleaning up the substance shall wear waterproof gloves;
 - (b) the surface shall be cleaned using a detergent solution;
 - (c) the surface shall be rinsed with clean water;
 - (d) the surface shall be sanitized;
 - (e) if disposable materials such as paper towels or other absorbent materials are used to clean up the body fluid, they shall be disposed of in a leakproof plastic bag;
 - (f) if non-disposable materials, such as a cleaning cloth, mop, or re-usable rubber gloves are used to clean up the body fluid, they shall be washed and sanitized before reuse; and
 - (g) the person cleaning up the fluid shall wash his or her hands after cleaning up the body fluid.

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Rationale / Explanation

Children and adults may unknowingly be infected with infectious agents such as hepatitis B, HIV, or other infectious agents found in blood. Blood and body fluids containing blood (such as water discharges from injuries) pose the highest potential risk, because bloody body fluids contain the highest concentration of viruses. In addition, the hepatitis B virus can survive in a dried state for at least a week and perhaps even longer. Some other body fluids such as saliva contaminated with blood or blood-associated fluids may contain live viruses but at lower concentrations than are found in blood itself. Many other types of infectious germs may be contained in human waste and other body fluids. Because many people carry such communicable diseases without having symptoms, and many are contagious before they experience symptoms, adults and children alike need to be protected by following safe procedures for handling body fluids. CFOC, pgs. 101-102 Standard 3.026; pgs. 28-29 Standard 1.033

See CFOC, pg. 419 Appendix J for an instruction page on proper clean up of body fluids. See CFOC, pg. 412 Appendix D for information on removing disposable gloves after cleaning up body fluids.

Enforcement

Always Level 3D Noncompliance.

Licensed Family 90-16:

- (19) The licensee shall ensure that any child who is ill with an infectious disease is separated from any other children in care in a safe, supervised location.**

Residential Certificate 50-16:

- (18) The certificate holder shall ensure that any child who is ill with an infectious disease is separated from any other children in care in a safe, supervised location.**

Rationale / Explanation

The purpose of these rules is to prevent ill children from spreading infectious disease to other children. In addition, ill children are often too sick to participate comfortably in regular program activities. CFOC, pgs. 124-129 Standards 3.065, 3.066, 3.067; pgs. 140-141 Standard 3.087

Secondary spread of infectious disease has been proven to occur in child care. Removal of children known or suspected of contributing to an outbreak will help to limit transmission of the disease by preventing the development of new cases. CFOC, pgs. 124-129 Standards 3.065, 3.066, 3.067; pgs. 140-141 Standard 3.087

Symptoms which may indicate an infectious disease include:

- (1) a fever of 101 degrees or higher for infants younger than 4 months of age, or a fever of 102 or greater for children age 4 months and older*
- (2) an unexplained rash*
- (3) irritability*
- (4) lethargy*
- (5) a persistent cough*
- (6) vomiting*
- (7) diarrhea*
- (8) infected eyes with discharge*

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Enforcement

Always Level 3B Noncompliance.

Licensed Family 90-16:

- (20) The licensee shall ensure that a parent of any child who becomes ill after arrival is contacted as soon as the illness is observed or suspected.

Residential Certificate 50-16:

- (19) The certificate holder shall ensure that a parent of any child who becomes ill after arrival is contacted as soon as the illness is observed or suspected.

Rationale / Explanation

The purpose of these rules is to prevent ill children from spreading infectious disease to other children. In addition, ill children are often too sick to participate comfortably in regular program activities. CFOC, pgs. 124-129 Standards 3.065, 3.066, 3.067; pgs. 140-141 Standard 3.087

Enforcement

Always Level 3D Noncompliance.

Licensed Family 90-16:

- (21) The licensee shall ensure that the parents of every child in care are informed when any person in the home or child in care has an infectious disease or parasite. Parents shall be notified the day the infectious disease or parasite is discovered.

Residential Certificate 50-16:

- (20) The certificate holder shall ensure that the parents of every child in care are informed when any person in the home or child in care has an infectious disease or parasite. Parents shall be notified the day the infectious disease or parasite is discovered.

Rationale / Explanation

Notification of parents also allows them to closely observe their child for early signs and symptoms of illness. Early identification and treatment of infectious disease are important in reducing further transmission of the disease. CFOC, pgs. 1139-140 Standard 3.085

Enforcement

Always Level 3B Noncompliance.